

EXHIBIT B

Sanchez, Sharon A.

From: Murray, Jeffrey T.
Sent: Friday, January 25, 2019 10:10 AM
To: MPS Executive
Subject: Vimala LLC -- Pac 140491784 -- Customer Complaint
Attachments: Vimala LLC.pdf

Categories: Sharon Sanchez

Hello,

We have received a customer complaint regarding the following customer and would like your assistance in resolving the issue:

- Business Name: Vimala LLC
 - Business ECN: [REDACTED] 6511
 - Individual Customer's Name: Alecia V Venkataraman
 - Individual ECN: [REDACTED] 2840
 - Account Number (Merchant ID/DDA): [REDACTED] 9102
 - Updated Customer Contact Information: [REDACTED] 1445
 - Banker that received the escalation (full name): Robert Wilcox
 - Banker's email address: robert.t.wilcoxiii@wellsfargo.com
 - WF Complaint Received Date: 1/24/2019
 - Complaint Medium (Fax/Mail/email/In-Person/Phone): in person
 - Summary of Complaint: Customer is waiting for money in reserve account from merchant services of \$801,60.24 from Merchant ID [REDACTED] 9102, \$200,000(not exact amount) from [REDACTED] 1222 and \$100,000 (not exact amount) from [REDACTED] 1622. Received payment schedule for money of Merchant ID ending 9102. She was provided with internal reference # [REDACTED] 2101. (She provided the attached documents.) She said she has called on this multiple times and nobody can tell her anything.
 - Requested Resolution: She wants to know why no one can locate Merchant ID and where the money is.
- Please let me know if you have any questions or need any further information from me.

Thank you for your support!

Jeff Murray

Research/Remediation Associate
Resolution Team

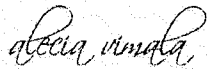
Wells Fargo Regional Services Group | 2324 Overland Ave | Billings, MT 59102
MAC B6955-Q17
Tel 406/545-6598 | Alt 866/773-7658 | Fax 866/388-2720

jeffrey.t.murray@wellsfargo.com

Wells Fargo Bank, N.A. FOR INTERNAL USE ONLY

8/19/2018

Vimala, LLC Mail - RE: Update + Online Access



Alecia Vimala <alecia@alecia.com>

RE: Update + Online Access

Alecia Vimala <alecia@aleciavimala.com>
To: Alecia Vimala <alecia@alecia.com>

Sun, Aug 19, 2018 at 11:01 PM

----- Forwarded message -----
From: Anjali Tiwari
Date: Tue, May 22, 2018 at 8:24 AM
Subject: RE: Update + Online Access
To: Alecia Vimala

Dear Alecia,

I have looked into your request and unfortunately since the merchant account is closed and in payout status, there is no option for online access. Per the last statement, the account balance is \$801,603.24. The risk review team is processing documentation from the third parties to process and close transactions for the remainder of 2017. I am unable to provide you with an amount and exact date of transfer however if the merchant services department were to complete the review by May 30, the payout schedule listed on your account is as follows.

June \$22,000.10
July \$33,911.00
August \$129,017

September \$167,622.01
October \$139,117.00

November \$113,723.13

December \$196,213.00

Please understand, this is estimation based on information available at this time, actual deposits may vary. Any delays in third party vendor verification may delay and postpone the payout schedule. However, the account status does show verification is complete so you should receive full release of funds by close of 2018.

If you have questions, or would like assistance or information, please call or email me and I'll reach back out to the merchant services team.

Thank you. We appreciate your business

Anjali Tiwari
Personal Banker

https://mail.google.com/mail/u/0/?ui=2&ik=ddb0d41cf6&jsver=PZY5abr11130.cn.&cbl=gmail_fc_180814.14_p4&view=pt&msg=165557e6d8817fd1&search=inbox... 1/1



December 07, 2016

Vimala, LLC
Alecia Venkataraman



Welcome! Thank you for choosing Wells Fargo Merchant Services for your merchant account needs.

Your merchant account has been approved!

Your merchant ID is [REDACTED] 9102 and will be required when calling support.

Support is available by calling 1-800-451-5817. Please contact me directly if support cannot assist you with your requests.

Please note, you will be asked for your 16-digit merchant ID, business checking account and transit routing numbers, and tax ID.

I'll be calling you to help setup your gateway and get your system configured correctly.

Thank you again for choosing Wells Fargo. We look forward to helping your business succeed!

Sincerely,

Mike Telathourp
Merchant Relationship Manager

Together we'll go far



Wells Fargo Bank, NA.

Business Account Application

WELLS
FARGO

Bank Name:	WELLS FARGO BANK, N.A.	Store Name:	FRANKLIN ROYAL OAKS				
Banker Name:	COLLEEN A. THREET	Officer/Portfolio Number:	L9484	Date:	10/20/2015		
Banker Phone:	615/465-1010	Store Number:	09484	Banker AU:	0068397	Banker MAC:	W1005-010

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

☒ New Deposit Account(s) Only ☐ New Deposit Account(s) and Business Credit Card

Account 1 Product Name:	Wells Fargo Business Choice Checking	Purpose of Account 1:	General Operating Account	
COD:	Product:	Account Number:	Opening Deposit:	Type of Funds:
373	DDA	[REDACTED] 9949	\$50.00	CACK
Account 2 Product Name:	Business Market Rate Savings	Purpose of Account 2:	Savings	
COD:	Product:	Account Number:	Opening Deposit:	Type of Funds:
373	DDA	[REDACTED] 8912	\$50.00	CACK
Account 3 Product Name:	Wells Fargo Business Choice Checking	Purpose of Account 3:	General Operating Account	
COD:	Product:	Account Number:	Opening Deposit:	Type of Funds:
373	DDA	[REDACTED] 9931	\$50.00	CACK
Account 4 Product Name:	Business Market Rate Savings	Purpose of Account 4:	Savings	
COD:	Product:	Account Number:	Opening Deposit:	Type of Funds:
373	DDA	[REDACTED] 6306	\$50.00	CACK
New Account Kit:	B20150715-0008613287	Checking/Savings Bonus Offer Available:	NO	

Related Customer Information

Customer 1 Name:	VIMALA LLC	Account Relationship:	Sole Owner
Enterprise Customer Number (ECN):	[REDACTED] 6511		
Customer 2 Name:	ALECIA V VENKATARAMAN	Account Relationship:	Signer
Enterprise Customer Number (ECN):	[REDACTED] 2840		

Checking/Savings Statement Mailing Information

Name(s) and Information Listed on Statement:

VIMALA LLC

Statement Mailing Address:

1550 W MCEWEN DR

Address Line 2:

SUITE # 300

City:

FRANKLIN

State:

TN

ZIP/Postal Code:

37067-1769

Country:

US

Customer 1 Information

Customer Name: VIMALA LLC			Street Address: 1550 W MCEWEN DR		
Enterprise Customer Number (ECN): [REDACTED] 6511			Address Line 2: SUITE # 300		
Account Relationship: Sole Owner			Address Line 3:		
Taxpayer Identification Number (TIN): [REDACTED]		TIN Type: EIN	City: FRANKLIN		State: TN
Business Type: Limited Liability Company			ZIP/Postal Code: 37067-1769		Country: US
Business Sub-Type/Tax Classification:		Non-Profit: No	Business Phone: 615/772-1445		Fax:
Date Originally Established: 04/08/2014	Current Ownership Since:	Number of Employees: 2	Cellular Phone: [REDACTED]		Pager:
Annual Gross Sales: \$0.00	Year Sales Reported: 04/12/2015	Fiscal Year End:	e-Mail Address: [REDACTED]		
Primary Financial Institution:		Number of Locations: 1	Website:		
Primary State 1:	Primary State 2:	Primary State 3:	Sales Market: INTERNATIONAL		
Primary Country 1: BR	Primary Country 2: GB	Primary Country 3: BR			
Industry: Arts, Entertainment, and Recreation					
Description of Business: Orginal Media and Online Production					
Major Suppliers/Customers:					

Bank Use Only

Name/Entity Verification: Secretary of State		Address Verification:		BACC Reference Number: 6152930002873	
Document Filing Number/Description: 753813	Filing Country: US	Filing State: TN	Filing Date: 04/08/2014	Expiration Date:	
Country of Registration: US	State of Registration: TN	International Transactions:		Check Reporting: CALLED-NO RECORD	
Customer 1 Name: VIMALA LLC			Internet Gambling Business?: No		

Owner/Key Individual 1 Information

Customer Name: ALECIA V VENKATARAMAN			Residence Address: [REDACTED]	
Business Relationship: Owner with Control of the Entity			Address Line 2: [REDACTED]	
Position/Title: Owner	Date of Birth: [REDACTED]	Enterprise Customer Number (ECN): [REDACTED] 2840	Address Line 3: [REDACTED]	
Taxpayer Identification Number (TIN): [REDACTED]		TIN Type: SSN	City: [REDACTED]	State: [REDACTED]
Primary ID Type: DLIC	Primary ID Description: [REDACTED]		ZIP/Postal Code: [REDACTED]	Country: [REDACTED]
Primary ID St/Ctry/Prov: TN	Primary ID Issue Date: 06/03/2015	Primary ID Expiration Date: 09/22/2020	Check Reporting: NO RECORD	
Secondary ID Type: OTHR DC	Secondary ID Description: FIRST TN DEBIT CARD			
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:		
Country of Citizenship: US	Permanently Resides in US:			

Certificate of Authority

Each person who signs the "Certified/Agreed To" section of this Application certifies that:

- A. The Customer's use of any Bank deposit account, product or service will confirm the Customer's receipt of, and agreement to be bound by, the Bank's applicable fee and information schedule and account agreement that includes the Arbitration Agreement under which any dispute between the Customer and the Bank relating to the Customer's use of any Bank deposit account, product or service will be decided in an arbitration proceeding before a neutral arbitrator as described in the Arbitration Agreement and not by a jury or court trial.**
- B. Each person who signs the "Certified/Agreed To" section of this Application or whose name, any applicable title and specimen signature appear in the "Authorized Signers - Signature Capture" section of this Application is authorized on such terms as the Bank may require to:
- (1) Enter into, modify, terminate and otherwise in any manner act with respect to accounts at the Bank and agreements with the Bank or its affiliates for accounts and/or services offered by the Bank or its affiliates (other than letters of credit or loan agreements);
 - (2) Authorize (by signing or otherwise) the payment of Items from the Customer's account(s) listed on this Business Account Application (including without limitation any Item payable to (a) the individual order of the person who authorized the Item or (b) the Bank or any other person for the benefit of the person who authorized the Item) and the endorsement of Deposited Items for deposit, cashing or collection (see the Bank's applicable account agreement for the definitions of "Item" and "Deposited Item");
 - (3) Give instructions to the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services, and the Customer shall indemnify and hold the Bank harmless for acting in accordance with such instructions; and
 - (4) Delegate the person's authority to another person(s) or revoke such delegation, in a separate signed writing delivered to the Bank.
- C. If a code must be communicated to the Bank in order to authorize an Item, and the code is communicated, the Item will be binding on the Customer regardless of who communicated the code.
- D. Each transaction described in this Certificate of Authority conducted by or on behalf of the Customer prior to delivery of this Certificate is in all respects ratified.
- E. If the Customer is a tribal government or tribal government agency, the Customer waives sovereign immunity from suit with respect to the Customer's use of any Bank account, product or service referred to in this Certificate.
- F. The information provided in this Application is correct and complete, each person who signs the "Certified/Agreed To" section of this Application and each person whose name appears in the "Authorized Signers-Signature Capture" section of this Application holds any position indicated, and the signature appearing opposite the person's name is authentic.
- G. The Customer has approved this Certificate of Authority or granted each person who signs the "Certified/Agreed To" section of this Application the authority to do so on the Customer's behalf by:
- (1) resolution, agreement or other legally sufficient action of the governing body of the Customer, if the Customer is not a trust or a sole proprietor;
 - (2) the signature of each of the Customer's trustee(s), if the Customer is a trust; or
 - (3) the signature of the Customer, if the Customer is a sole proprietor.

Certified/Agreed To

Owner/Key Individual 1 Name

ALECIA V VENKATARAMAN

Position/Title:

Owner

Owner/Key Individual 1 Signature



- ☐ Submit manually
- ☐ Signature not required

Date:

10/20/2015

Request for Taxpayer Identification Number and Certification

(Substitute Form W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payment other than interest and dividends).
☐ I am subject to backup withholding ☐ I am exempt from backup withholding
3. I am a U.S. citizen or other U.S. person.
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Does not apply to U.S. based accounts)

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Tax Responsible Customer Name:

VIMALA LLC

Taxpayer Identification Number (TIN):

TIN Certification Signature:

- ☐
- Submit manually
-
- ☐
- Signature not required

Date:

10/20/2015

Authorized Signers - Signature Capture

Authorized Signer 1 Name

ALECIA V VENKATARAMAN

Position/Title:

Owner

Authorized Signer 1 Signature

- ☐
- Submit manually
-
- ☐
- Signature not required

Date:

10/20/2015

For your records:

A customized summary of your visit



VIMALA LLC

Date: October 20, 2015

Your key priorities

Savings
Making and receiving payments
Borrowing/credit needs
Retirement
Insurance

*Looking to start, run
or grow your business?
Learn more at
wellsfargoworks.com*

What we did for you today

Please refer to the Fee & Information Schedule for full details including all fees for each deposit product and service you selected today and to any disclosures you received for each credit product for which you applied. If you need a copy of these materials, please ask a banker.

• **2 Wells Fargo Business Choice Checking**

For new or growing businesses; account provides your business with exceptional value and several ways to waive the monthly service fee.

Standard monthly service fee: \$14.00

Monthly service fee will be waived with any one of the following:

- Maintain an average ledger balance of \$7,500.00
- \$10,000.00 in combined average balances in checking, savings and time accounts (CDs); plus combined daily balances in Lines of Credit; plus the most recent statement balances in Credit Products and Business Loans; plus combined average daily balances in Commercial Loans and Lines**
- Qualifying transaction from a linked Wells Fargo Business Payroll account
- Qualifying transaction from a linked Wells Fargo Merchant Services account
- Total number of Wells Fargo Debit Card purchases and/or payments of 10 or more
- Enrollment in a linked Direct Pay service through Wells Fargo Business Online

**For complete details on how you can avoid the monthly service fee for your account based on your combined balances, please see the Business Account Fee and Information Schedule.

• **2 Business Market Rate Savings**

Combines liquidity with competitive rates and FDIC insurance. Offers convenient access to your money including check writing up to allowable limits.

Standard monthly service fee: \$6.00

Monthly service fee will be waived with any one of the following:

- Maintain an average collected balance of \$500.00
- Total automatic transfers from an eligible Wells Fargo business checking account of \$25.00 or more

Checks and most withdrawals or transfers from this account (including Overdraft Protection transfers) are limited by Regulation D and Wells Fargo to 6 per monthly fee period. Except outgoing wire transfers, there is no limit on the number of withdrawals or transfers made in person at an ATM or Wells Fargo store or on any types of deposits.

Together we'll go far



MKT2073 (SVP 11-14)

A customized summary of your visit

- **Business Debit Card**

In 7-10 days, you'll receive your new business debit card by mail. Please activate it upon receipt. Use your card for everyday business purchases and ATM banking. Refer to the Business Account Agreement for more information.

- **Overdraft Protection**

Thank you for choosing Overdraft protection. Money will automatically transfer from your card, up to your available limit, to cover insufficient funds in your business checking account. Signing up is free - you'll only pay for Overdraft Protection when you use it.

Banker Name: COLLEEN A. THREEE

Phone: 615/465-1010

Store Manager: MELISSA BAILEY

Phone: 615/465-1010

Bank Name: FRANKLIN ROYAL OAKS

Street: 210 S ROYAL OAKS BLVD

City: FRANKLIN

State: TN **ZIP/Postal Code:** 37064

Thank you for being our customer.

* Investment, insurance products and identity theft protection plans:

- Are Not insured by the FDIC or any other federal government agency.
- Are Not deposits of or guaranteed by a Bank or any Bank Affiliate.
- May Lose Value.

*Investment products and services are offered through Wells Fargo Advisors, LLC, Member SIPC, a registered broker-dealer and separate non-bank affiliate of Wells Fargo & Company.

*Bankers may refer customers to Wells Fargo Advisors for brokerage services and may be compensated for such referrals.

*Wells Fargo Advisors offers insurance products through an affiliated nonbank insurance agency (CA license #26-0070024). Other insurance products are offered through Wells Fargo Insurance, Inc. a licensed agency that represents — and is compensated by — the insurer based on the amount of insurance sold.

Deposit and credit products offered by Wells Fargo Bank, N.A. Member FDIC.

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MKT2073 (SVP 11-14)

Authorization For Information

In Connection With A Business Account Application

WELLS
FARGO

Banker Name:	COLLEEN A. THREET	Officer/Portfolio Number:	L9484	Date:	10/20/2015		
Banker Phone:	615/465-1010	Store Number:	09484	Banker AU:	0068397	Banker MAC:	W1005-010

Business Account Applicant

Business Name:
VIMALA LLC

Owner/Key Individual 1 Information

Customer Name:	ALECIA V VENKATARAMAN			Residence Address:		
Position/Title:	Date of Birth:	Phone Number:	Address Line 2:			
Owner						
Taxpayer Identification Number (TIN):	TIN Type:	Address Line 3:				
	SSN					
Primary ID Type:	Primary ID Description:	City:	State:			
DLIC						
Primary ID St/Ctry/Prov:	Primary ID Issue Date:	Primary ID Expiration Date:	ZIP/Postal Code:	Country:		
TN	06/03/2015	09/22/2020		US		
Secondary ID Type:	Secondary ID Description:	Directional Address:				
OTHR DC	FIRST TN DEBIT CARD	(Document when no physical residence, business or alternate street address.)				
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:				

Signature Capture - Owners/Key Individuals

By signing this form, I authorize "Wells Fargo Bank" to obtain verifications and reports from agencies on my accounts and financial affairs from time to time, such as credit bureau reports and account status reports on me as an individual, in connection with the business account application identified above and any other account applications by this business. I understand that Wells Fargo requests this information to reduce fraudulent accounts, to prevent access to financial information and accounts by unauthorized persons, and for other legitimate business reasons. Should the information obtained from any such verification or report cause Wells Fargo to decide to deny the account application for the above-named business, I also authorize Wells Fargo to communicate, either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the business that the denial was based in whole or in part on such information. I also authorize Wells Fargo to use such information and to share it with its affiliates in order to determine whether the business is qualified for other products and services offered by Wells Fargo and its affiliates.

Owner/Key Individual 1 Name
ALECIA V VENKATARAMAN

Position/Title:
Owner

Owner/Key Individual 1 Signature

- ☐ Submit manually
☐ Signature not required

Date:
10/20/2015